

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(FORM 1)
216971

APPLICATION FOR A CLASS C CHARTER
CERTIFICATE FROM

TRANSPORTATION COVER SHEET

COPY

STEVE M. SHEALY DBA
AMERICAN FLAG CAB

Posted:

too

DOCKET

NUMBER: 2009 - 209 - T

Dept:

S.A.

Date:

5/28/09

Time:

12:30

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: STEVE MITCHELL SHEALY

Telephone: (803) 667-6541

Address: 209 SWEETWATER CT.
LEXINGTON, SC 29073

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED
MAY 28 2009
SC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

925

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE 5-22, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

STEVE M. SHEALY DBA AMERICAN FLAG CAB

2. (a) Street Address of Applicant 209 SWEETWATER CT.

LEXINGTON, SC 29073

(b) Mailing address, if different from street address _____

(c) Telephone Number (803) 667-6541 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: 05 Year: 2009

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	1200.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1200.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	-0-
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	-0-

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103.100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,
COUNTY OF LEXINGTON

I, STEVE MITCHELL SHEALY, OWNER
(Name of Applicant's Representative) (Title)
of AMERICAN FLAG CAB, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Wachovia Bank
This the 13th day of May 20 09

Queen Robin
(Notary Public)
Commission Expires: 10/30/2017

Steve Mitchell Shealy
(Signature of Applicant's Representative)

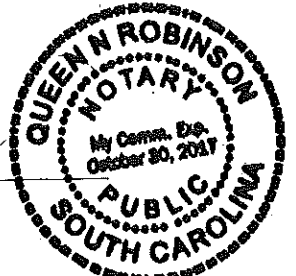


EXHIBIT C

CLASS C

TAXI ☒

CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant AMERICAN FLAG CAB

For the transportation of passengers as follows:

Area to be served: PRIMARYLY RICHLAND AND LEXINGTON COUNTIES

TO INCLUDE STATE OF SOUTH CAROLINA

Number of passengers:

1-7

Fares : 1.80 DROP FEE - 2.00 PER MILE - 18.00 HOURLY WAIT TIME

Date 5-22-09

Stan Mitchell Sherry
By

OWNER

Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

AMERICAN FLAG CAB
(Applicant)

Date: 5-22-09

Steve Mitchell Shultz
(Applicant's Representative)

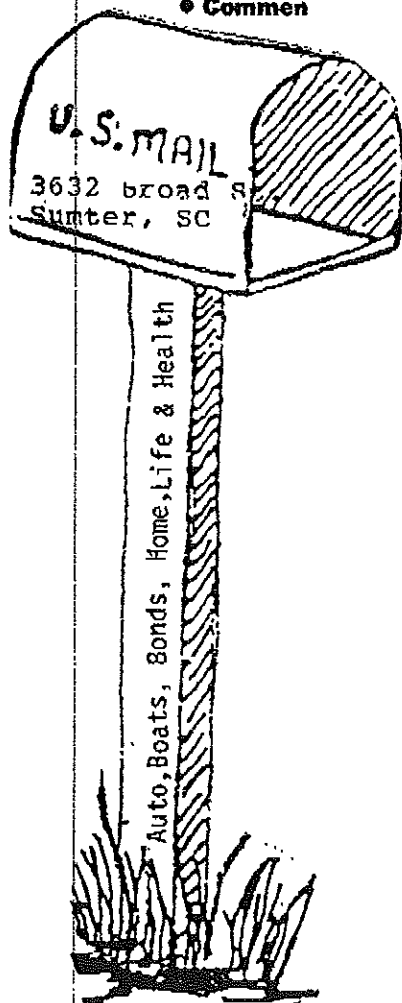
OWNER
(Title)

3632 BROAD ST. EXT, SUMTER, SC 29154

**R & G INSURNACE
AGENCY****Fax**

To: Steve Shealy From: Roland
Fax: 803-635-3082 Pages: 2
Phone: _____ Date: 5/15/09
Re: Ins. Quote Only CC: S.M.S
☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comment



Requested Insurance
Quote Sheet.

Phone (803) 494-2900

Fax (803) 494-2964

INSURANCE QUOTE

The following insurance quote is for:

AMERICAN FLAG CAB

(Name of Motor Carrier)

209 SWEETWATER CT. LEXINGTON, SC 29073

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 6919.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

SOUTH CAROLINA COMERCIAL AUTO INSURANCE PLAN

(Insurance Company Name)

PO BOX 530850 Birmingham, AL 35253

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5/15/2009

Date

Roland Robinson

(Authorized Insurance Company Representative)

Rev 5/07